recently married women with acute gonorrhœal infection. In both instances the nerve pains appeared two weeks after the beginning of the discharge and continued for a month. The writer infers a direct etiological relation between the two conditions, possibly explained by irritation of the cerebral centre by gonococci.

Lymphatics of the Ovary.—POLANO (*Monatsschrift f. Geb. u. Gyn.*, Band xvii., Heft 4) conducted a series of experiments on dogs with the view of determining if obstruction to the flow of lymph in the minute vessels follows ligation of the main trunks. Great care was taken to isolate the afferent and efferent lymphatics in the meso-ovarium, so as not to include the bloodvessels in the ligatures. Six human ovaries were also injected and studied. The writer's conclusions are as follows: In the cortex the fine lymphatics are distributed around the periphery of the follicles, the tunica interna and granulosa containing none. In the corpora lutea and albicantia the lymphatics are found only in tissue derived from the tunica externa. A network of lymphatics surrounds the younger, deep-seated follicles, but these are absent in the neighborhood of the ripe superficial ovisacs. No lymph vessels could be demonstrated in the albuginea, but they became larger toward the zona granulosa, where larger lacunæ were seen, lined with endothelium. Nowhere could an intimate relation between the lymph and bloodvessels be detected.

No additional light was obtained by the examination of ovaries from the newborn and aged. In general the lymphatics of the ovary presented throughout the same capillary arrangement. A direct communication between these and the connective tissue and interspaces could not be proved. Neither in the human ovary nor in those of animals could it be shown that the bloodvessels entered lymph spaces. The theory of perithelia in the ovary must therefore be abandoned.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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The Relation and Treatment of Follicular Conjunctivitis and Trachoma.—ALGER, New York (*Medical Record*, January 24, 1903), calls attention to the relation between these two diseases—a matter of renewed importance now that the Government is excluding immigrants suffering from contagious eye diseases, and children similarly afflicted are being excluded from the schools.

The differential points in the diagnosis between follicular conjunctivitis and early trachoma given by most writers are absolutely useless for clinical purposes, and the confusion between these two diseases is readily explicable. Trachoma is rare among children. Most of those who are excluded from the schools for supposed trachoma do not have it, but a comparatively insignificant disease which threatens no serious mischief, and which recovers almost of itself. Follicular conjunctivitis is simply reaction to local irritation, which may be chemical, mechanical, or bacterial in its nature. The subjective symptoms are almost *nil.* If the lids be everted, small, round granules not larger than pinheads, arranged in parallel rows, like beads, are found upon the membrane adhering to the lids. In the looser tissue of the fornix they are much larger, resembling frog-spawn or grains of boiled sago. So far as these granulations go, the appearances are the same in trachoma. A diagnosis based thereon is mere guesswork. The essential feature of trachoma is hypertrophy of the conjunctiva. Upon this we must depend for the diagnosis until bacteriology finds a specific cause for trachoma, or the cornea begins to show characteristic involvement, pannus, etc., and the fibrotarsus of the lids becomes destroyed or distorted, giving rise to entropion, ectropion, etc. Trachoma is certainly a contagious disease. Its subjective symptoms are marked photophobia, feeling of sand in the eyes, purulent discharge, etc. In the treatment of simple follicular conjunctivitis the cause, as far as possible, should first be removed, whether chemical, mechanical, or bacterial. This involves frequent irrigations with a solution like boric acid, and with attention to the surroundings and physical condition of the child. The writer recommends swabbing the conjunctiva three times a week with a solution consisting of ichthyol, ♏xv; tr. iodi., ʒj; glycerin, ℥j. On alternate days an instillation of the following is made at home: Zinci sulph., gr. j; vin. opii., ♏viij; aquæ, f℥ss. The roller forceps is a great time-saver, though some after-treatment is generally required.

The treatment of real trachoma is a very different matter. The author has used the above ichthyol mixture and has obtained results about as good as with other plans of treatment—not much better, not worse.

[This insistence upon the difference between two diseases which have certain appearances in common, but differ so greatly in gravity and results, is most timely. The sensational statements which have found their way into the newspapers as to the prevalence of trachoma among the school children in large cities, so far as they are based upon facts at all, are to be traced to the confusion into which the inspectors have fallen. The subject has been eagerly seized by the fomenters of race prejudices, with the result of adding to the burdens, already sufficiently heavy, of the defenceless poor of the large cities.—T. B. S.]

Results in One Thousand Consecutive Cataract Extractions.—MAYNARD, Calcutta (*India Medical Gazette,* February, 1903), in 1000 consecutive cataract extractions performed on 864 patients, of whom 136 had both eyes operated, obtained good results (vision from 6/6 to 6/36) in 89 per cent.; indifferent (vision poor, but sufficient to enable the patients to go about alone) in 5.7 per cent.; failures in 4.5 per cent. Of the failures 3.6 per cent. were due to sepsis, the others to intraocular hemorrhage, iritis in two cases, iridocyclitis in one, and detached retina in one. Of these 45 failures 26 had been done with iridectomy and 19 without. The indifferent results (5.7 per cent.) were due to various causes, such as sepsis, opaque cortex, iritis, glaucoma, overripeness, mercurial cloudiness, vitreous prolapse, and so on. Of 351 patients from whom family histories were obtained, in 84, or nearly 24 per cent., parents and other relatives had had cataract. Diabetes was present in only 6 cases; all of these did well. The author does not believe in the connection between diabetes, which is very common in Bengal, and cataract. In 814 cases the average age was under fifty-three years—somewhat higher in males than with females—thus agreeing in the general belief that cataract comes on earlier in the tropics.

One hundred and eleven unripe cataracts were extracted, with 93 good, 9 indifferent, and 8 bad results (this leaves one unaccounted for). Sixty-three overripe lenses were extracted, with 57 good, 5 indifferent, and 7 bad results. Fourteen of these had prolapse of vitreous, 2 suppuration, and 1 each was lost from intraocular hemorrhage and retinal detachment. Tension was increased in 41 cases; of these 32 gave good results, 5 indifferent, and 4 bad. Tension was diminished in 90 cases; of these 77 gave good results, 8 indifferent, 4 bad, and 1 unknown. Vitreous prolapse occurred twice where tension was raised and six times where it was lowered. In no case was the tension altered beyond + or — 1.

Chloroform was used in 8 cases, cocaine in 910, and eucaine in 82. Eucaine was given up on account of the pain and increased hemorrhage it causes; otherwise it is an ideal anæsthetic.

The patients were prepared for operation by washing the face, forehead, and eyelids with soap and water, and then with sublimate solution (1 in 5000) the day before the operation. The eyelashes were cut and the conjunctival sac washed out with sublimate and a bandage applied. On the morning of the operation this procedure was repeated. In the last series the sublimate was replaced by biniodide, 1 : 10,000, with improvement as regards sepsis. The instruments were boiled and the dressings carefully prepared in the last 700 cases, with results nearly twice as good in these as in the earlier series. Atropine was used almost always both before and after the operation.

The appearances of the lens before operation are noted in 517 cases and compared with the condition of the capsule, cortex, and nucleus after removal, with the resulting vision. Milky-white lenses were found most often to have a tough or thin capsule (117 out of 129) and a brown or yellow nucleus. These gave the best results, and are the only kind in which it is advisable to omit an iridectomy. Lenses with glistening white sectors are of the same nature, and probably develop into this kind if left. Gray uniform lenses have often a "greasy" capsule (42 out of 110); *i. e.*, the cystitome cuts them as if scraping cold bacon. They often have a solid and glutinous cortex (21 and 46 out of 110) and generally a brown nucleus, making removal difficult, bruising the iris and requiring subsequent discission. These require a larger incision for extraction. Gray striated lenses resemble white striated lenses as regards cortex and nucleus, but their capsules are often "greasy," requiring large incisions and iridectomy, as do also brown lenses, which often have a greasy capsule and glutinous cortex as well as cribriform lenses. These are not uniform gray lenses with transparencies and opacities giving the appearance of a veil. Black cataracts are rare, only 5 in the 1000. Their capsules were mostly "greasy" and tough. Iridectomy was done in all with resulting good vision, except in one case, in which it was only 1/60.

From measurements of the cornea and lens the lens diameter may be taken, roughly, to be a little more than two-thirds of the corneal horizontal diameter.

PATHOLOGY AND BACTERIOLOGY.

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Milk and Infant Mortality in France.—A contribution to the *Annales d'Hygiene Publique,* September, 1902, by DRS. CH. GIRARD and F. BORDER, under this title, constitutes a terrible impeachment of the sanitary administration of French towns, in which it appears that the laws against the adulteration of milk must be absolutely dead letters. They do not hesitate to state that the milk as retailed is "not only wanting in the requisites of a passable article of food, but has undergone such countless sophistications that it has in many instances lost all alimentary value, and must be looked upon as a veritable poison." The climax seems to be reached at Lille and Roubaix, the municipal authorities of the former town admitting that the bulk of the milk sold had been passed through a separator and retained but 5 to 7 grammes of butter per litre, or, as we should say, 0.5 to 0.7 per cent. of fat. Of 694 samples examined in the municipal laboratory at Lille 20 per cent. had less than one part and 35 per cent. between one and two parts per one hundred of fat, only 16, or 2.3 per cent., being really good.

In the year 1897 or 1898 the mayor had secured the passing of a by-law fixing the standard of fat at 2.5 per cent., but it provoked violent opposition, and was soon rescinded as an abuse of power and arbitrary interference with the liberty of the individual. The inquiries carried out by our authors seem to have had the effect of "waking up" the authorities, for the regulation was revived, with the provisos that milk might be sold with 1.5 to 2.5 per cent. if distinctly labelled "lait lécrémé," and with less than 1.5 per cent. if marked "lait pauvre." As a result of the vacillation of the authorities the percentage of samples retaining the full percentage of 3.5 of fat fell from 15 to 6.6 in 1900, and rose again to 17.4 in 1901.